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**State:** Arkansas **Filing Company:** AXA Equitable Life Insurance Company  
**TOI/Sub-TOI:** A02.1I Individual Annuities- Deferred Non-Variable and Variable/A02.1I.002 Flexible Premium  
**Product Name:** Equivest  
**Project Name/Number:** Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)

## Filing at a Glance

Company: AXA Equitable Life Insurance Company  
Product Name: Equivest  
State: Arkansas  
TOI: A02.1I Individual Annuities- Deferred Non-Variable and Variable  
Sub-TOI: A02.1I.002 Flexible Premium  
Filing Type: Form  
Date Submitted: 07/19/2012  
SERFF Tr Num: ELAS-128586364  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 180-4001(07-12)  
  
Implementation: 08/30/2012  
Date Requested:  
Author(s): Frank E Fernandez  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 07/27/2012  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium  
**Product Name:** Equivest  
**Project Name/Number:** Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)

## General Information

Project Name: Series 201 For TSA/EDC Revised Applications Status of Filing in Domicile: Not Filed (0712)

Project Number: 180-4001(07-12)

Requested Filing Mode: Review & Approval

Date Approved in Domicile:

Domicile Status Comments: Due to a recent change in law, the state of New York no longer requires filing of this type of form for use outside of New York. Instead, New York now requires that we file annually, a list identifying and describing the policy forms issued by us for delivery outside New York.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/27/2012

State Status Changed: 07/27/2012

Deemer Date:

Submitted By: Frank E Fernandez

Created By: Frank E Fernandez

Corresponding Filing Tracking Number:

Filing Description:

Please see attached filing letter for details.

## Company and Contact

### Filing Contact Information

Gregory Prato, Assistant Vice President  
1290 Avenue of the Americas,  
14th Floor  
New York, NY 10104

greg.prato@axa-equitable.com  
212-314-5710 [Phone]  
212-314-3380 [FAX]

### Filing Company Information

|                                      |                         |                              |
|--------------------------------------|-------------------------|------------------------------|
| AXA Equitable Life Insurance Company | CoCode: 62944           | State of Domicile: New York  |
| 1290 Avenue of the Americas, 14-10   | Group Code: 968         | Company Type: LIFE Insurance |
| New York,, NY 10104                  | Group Name:             | State ID Number:             |
| (212) 314-2921 ext. [Phone]          | FEIN Number: 13-5570651 |                              |

## Filing Fees

|                  |  |
|------------------|--|
| Fee Required?    | Yes                                    |
| Fee Amount:      | \$100.00                               |
| Retaliatory?     | No                                     |
| Fee Explanation: | Arkansas Filing Fee: \$50.00 per form. |
| Per Company:     | No                                     |

| Company                              | Amount   | Date Processed | Transaction # |
|--------------------------------------|----------|----------------|---------------|
| AXA Equitable Life Insurance Company | \$100.00 | 07/19/2012     | 61027698      |

|                             |   |                          |                                      |                            |                 |
|-----------------------------|---|--------------------------|--------------------------------------|----------------------------|-----------------|
| <b>SERFF Tracking #:</b>    | ELAS-128586364  | <b>State Tracking #:</b> |                                      | <b>Company Tracking #:</b> | 180-4001(07-12) |
|                             |   |                          |                                      |                            |                 |
| <b>State:</b>               | Arkansas  | <b>Filing Company:</b>   | AXA Equitable Life Insurance Company |                            |                 |
| <b>TOI/Sub-TOI:</b>         | A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium |                          |                                      |                            |                 |
| <b>Product Name:</b>        | Equivest  |                          |                                      |                            |                 |
| <b>Project Name/Number:</b> | Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)                          |                          |                                      |                            |                 |

## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 07/27/2012 | 07/27/2012     |

|                             |   |                        |                                      |
|-----------------------------|---|------------------------|--------------------------------------|
| <b>State:</b>               | Arkansas  | <b>Filing Company:</b> | AXA Equitable Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium |                        |                                      |
| <b>Product Name:</b>        | Equivest  |                        |                                      |
| <b>Project Name/Number:</b> | Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)                          |                        |                                      |

## Disposition

Disposition Date: 07/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| Schedule            | Schedule Item                  | Schedule Item Status | Public Access |
|---------------------|--------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification           |                      | No            |
| Supporting Document | Application                    |                      | No            |
| Supporting Document | Life & Annuity - Acturial Memo |                      | No            |
| Supporting Document | Filing Letter                  |                      | Yes           |
| Supporting Document | Filing Fee Transmittal         |                      | Yes           |
| Supporting Document | Variable Text Memorandums      |                      | Yes           |
| Form                | 403(b) TSA Application         |                      | Yes           |
| Form                | Application for 457(b) EDC     |                      | Yes           |

|                             |   |                        |                                      |
|-----------------------------|---|------------------------|--------------------------------------|
| <b>State:</b>               | Arkansas  | <b>Filing Company:</b> | AXA Equitable Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium |                        |                                      |
| <b>Product Name:</b>        | Equivest  |                        |                                      |
| <b>Project Name/Number:</b> | Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)                          |                        |                                      |

## Form Schedule

| Lead Form Number: 180-4001(07-12) |                      |                  |           |                            |                              |                   |  |
|-----------------------------------|----------------------|------------------|-----------|----------------------------|------------------------------|-------------------|--|
| Item No.                          | Schedule Item Status | Form Number      | Form Type | Form Name                  | Action/ Action Specific Data | Readability Score | Attachments                                |
| 1                                 |                      | 180-4001 (07-12) | AEF       | 403(b) TSA Application     | Initial:                     | 0.000             | App - Gen - 403(b) TSA Application.PDF     |
| 2                                 |                      | 180-4002 (07-12) | AEF       | Application for 457(b) EDC | Initial:                     | 0.000             | App - Gen - Application for 457(b) EDC.PDF |

### Form Type Legend:

|             |   |             |  |
|-------------|---|-------------|--|
| <b>ADV</b>  | Advertising   | <b>AEF</b>  | Application/Enrollment Form                              |
| <b>CER</b>  | Certificate   | <b>CERA</b> | Certificate Amendment, Insert Page, Endorsement or Rider |
| <b>DDP</b>  | Data/Declaration Pages  | <b>FND</b>  | Funding Agreement (Annuity, Individual and Group)        |
| <b>MTX</b>  | Matrix  | <b>NOC</b>  | Notice of Coverage                                       |
| <b>OTH</b>  | Other   | <b>OUT</b>  | Outline of Coverage                                      |
| <b>PJK</b>  | Policy Jacket   | <b>POL</b>  | Policy/Contract/Fraternal Certificate                    |
| <b>POLA</b> | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | <b>SCH</b>  | Schedule Pages   |

# AXA Equitable Life Insurance Company

**EQUI-VEST® (Series 201)**

Combination Fixed and Variable Deferred Annuity

403(b) TSA Application

Application No. \_\_\_\_\_

## 1. EQUI-VEST contract type (Check one)

☐ A. Public Schools

☐ B. 501(c)(3)\*

☐ C. Colleges and Universities

\* Available for new participants in existing units only.

## 2. Employer information

Employer/and (or) School Name/Unit Name

(Select one) ☐ \_\_\_\_\_ or  
Existing Plan/Unit Number Location

☐ New Unit (Must complete Unit  
Establishment Kit)

## 3. Annuitant information (Check all appropriate boxes)

If your Mailing Address is different from the Primary Residential Address below, please provide your Mailing Address in Section 8. If you have moved within the last 12 months, please indicate your previous address in the Special Instructions section.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other \_\_\_\_\_

☐ Male ☐ Female

\_\_\_\_\_  
Social Security Number (Required)

First Name Middle Initial Last Name

Birth Date (mm/dd/yy) Evening Phone Number Daytime Phone Number

U.S.A. Primary Residential Address – No P.O. Box Permitted

City State Zip Code

Email Address (optional)

Valid Driver's License No./State Issued ID # State Exp. Date

U.S. Citizen? ☐ Yes ☐ No (If No, complete below and attach copy of U.S. Visa or Permanent Resident card)

Country Passport #/Resident Card # U.S. Visa Type

## Mailing Instructions:

**Express Mail:** (with money):

JPMorganChase  
4 Chase Metrotech Center, 7th Floor  
NY Remit One Image Lockbox # 13823  
Brooklyn, NY 11245-0001

**Regular Mail:** (with money):

EQUI-VEST Unit Annuity  
Lockbox P.O. Box 13823  
Newark, NJ 07188-0463



**AXA EQUITABLE**

**Express Mail:** (without money):

EQUI-VEST New Business  
100 Madison St., Suite 1000  
Syracuse, NY 13202

**Regular Mail:** (without money):

EQUI-VEST New Business  
P.O. Box 4704,  
Syracuse, NY 13221-4704

## 4. Beneficiary(ies) information

### Primary

1. \_\_\_\_\_ %  
First Name Last Name

Relationship to Annuitant:

Spouse: ☐ Male ☐ Female **OR** Child: ☐ Male ☐ Female

☐ Other: \_\_\_\_\_

T.I.N.: S.S.N. ☐ or E.I.N. ☐ \_\_\_\_\_

2. \_\_\_\_\_ %  
First Name Last Name

Relationship to Annuitant:

Spouse: ☐ Male ☐ Female **OR** Child: ☐ Male ☐ Female

☐ Other: \_\_\_\_\_

T.I.N.: S.S.N. ☐ or E.I.N. ☐ \_\_\_\_\_

### Contingent

1. \_\_\_\_\_ %  
First Name Last Name

Relationship to Annuitant:

Spouse: ☐ Male ☐ Female **OR** Child: ☐ Male ☐ Female

☐ Other: \_\_\_\_\_

T.I.N.: S.S.N. ☐ or E.I.N. ☐ \_\_\_\_\_

## 5. Contribution amount

If a payment will be forwarded at a later date, you must complete #5A and, if applicable, #5B. If a payment will be provided when the application is signed, complete #5C only.

### A. Expected First Year Contribution (Excluding Direct Transfers/Rollovers):

| Expected Monthly Contribution (Check only one) | Expected Annual First Year Contribution |
|--|---|
| <input type="checkbox"/> \$250                 |   |
| <input type="checkbox"/> \$500                 |   |
| <input type="checkbox"/> \$1,000               |   |
| <input type="checkbox"/> Other \$ _____        | \$ _____                                |

### B. Expected Direct Transfers/Rollovers: \$ \_\_\_\_\_

(i) If you intend to allocate all or a portion of this amount to Special DCA, also complete #7.

(ii) Is this a Rollover from a 401(k) Plan? ☐ Yes

### C. Amount provided with this application: \$ \_\_\_\_\_

**D. Reminder/Contribution Information:** Months to be excluded, if any, from your Plan Contribution Statement (months must be consecutive from May to September only): \_\_\_\_\_

## 6. Selection of investment options and allocation percentages

Must check either Box A or Box B, but not both.

- A. ☐ **Maximum Transfer Flexibility.** By checking this box, you may invest in the investment options listed in this section which are not boxed off. Transfers out of the Guaranteed Interest Option will not be limited.
- B. ☐ **Maximum Fund Choice.** By checking this box, you may invest in any of the investment options listed in this section. Transfers out of the Guaranteed Interest Option will be limited (see prospectus for details).

Current Allocation (Applies to Boxes A and B): Select the allocation for the contributions indicated in #5A or any amounts that you may invest in these investment options in the future. You can change this allocation for future contributions at any time. The percentages entered below must be in whole numbers and total 100%.

### Contribution Allocation

#### Structured Investment Option Segment

\_\_\_\_\_ % ☐ S&P 500 1year -10% Buffer (V1\*)  
Although not required, you have the ability to choose a Performance Cap Threshold. To choose your Performance Cap Threshold, please check the box below and complete the Performance Cap Threshold and Maturity Instructions Election Form (#146946). The completed form must be submitted along with this application to our Processing Office.  
☐ I want to choose a Performance Cap Threshold.

#### Asset Allocation

##### AXA Allocation

- \_\_\_\_\_ % AXA Aggressive Allocation (18\*)  
\_\_\_\_\_ % AXA Balanced Strategy (8Q\*)  
\_\_\_\_\_ % AXA Moderate Allocation (T4\*)  
\_\_\_\_\_ % AXA Moderate Growth Strategy (8O\*)  
\_\_\_\_\_ % AXA Moderate-Plus Allocation (17\*)

##### Target Allocation

- \_\_\_\_\_ % Target 2015 Allocation (6G\*)  
\_\_\_\_\_ % Target 2025 Allocation (6H\*)  
\_\_\_\_\_ % Target 2035 Allocation (6I\*)  
\_\_\_\_\_ % Target 2045 Allocation (6J\*)

##### Other Asset Allocation

- \_\_\_\_\_ % All Asset Growth – Alt 20 (7H\*)  
\_\_\_\_\_ % EQ/AllianceBernstein Dynamic Wealth Strategies (8P\*)  
\_\_\_\_\_ % EQ/Franklin Templeton Allocation (6P\*)

##### Large Cap Stocks

- \_\_\_\_\_ % AXA Tactical Manager 500 (7M\*)  
\_\_\_\_\_ % EQ/BlackRock Basic Value Equity (81\*)  
\_\_\_\_\_ % EQ/Boston Advisors Equity Income (33\*)  
\_\_\_\_\_ % EQ/Calvert Socially Responsible (92\*)  
\_\_\_\_\_ % EQ/Common Stock Index (T1\*)  
\_\_\_\_\_ % EQ/Davis New York Venture (6Q\*)  
\_\_\_\_\_ % EQ/Equity 500 Index (TE\*)  
\_\_\_\_\_ % EQ/Equity Growth PLUS (94\*)  
\_\_\_\_\_ % EQ/JPMorgan Value Opportunities (72\*)  
\_\_\_\_\_ % EQ/Large Cap Core PLUS (85\*)  
\_\_\_\_\_ % EQ/Large Cap Growth Index (82\*)  
\_\_\_\_\_ % EQ/Large Cap Growth PLUS (77\*)  
\_\_\_\_\_ % EQ/Large Cap Value Index (49\*)  
\_\_\_\_\_ % EQ/Lord Abbett Large Cap Core (05\*)  
\_\_\_\_\_ % EQ/Mutual Large Cap Equity (6F\*)  
\_\_\_\_\_ % EQ/T. Rowe Price Growth Stock (32\*)  
\_\_\_\_\_ % Fidelity® VIP Contrafund® (7R\*)  
\_\_\_\_\_ % Fidelity® VIP Equity Income (7S\*)  
\_\_\_\_\_ % Invesco V.I. Diversified Dividend (8B\*)  
\_\_\_\_\_ % MFS® Investors Growth Stock (8I\*)  
\_\_\_\_\_ % MFS® Investors Trust (7P\*)

- \_\_\_\_\_ % Multimanager Aggressive Equity (T2\*)  
\_\_\_\_\_ % Multimanager Large Cap Value (58\*)  
\_\_\_\_\_ % Oppenheimer Main Street Fund®/VA (7Q\*)

##### Small/Mid Cap Stocks

- \_\_\_\_\_ % American Century VP Mid Cap Value (7V\*)  
\_\_\_\_\_ % AXA Tactical Manager 400 (7L\*)  
\_\_\_\_\_ % AXA Tactical Manager 2000 (7K\*)  
\_\_\_\_\_ % EQ/AllianceBernstein Small Cap Growth (TP\*)  
\_\_\_\_\_ % EQ/AXA Franklin Small Cap Value Core (6E\*)  
\_\_\_\_\_ % EQ/GAMCO Small Company Value (37\*)  
\_\_\_\_\_ % EQ/Mid Cap Index (55\*)  
\_\_\_\_\_ % EQ/Mid Cap Value PLUS (79\*)  
\_\_\_\_\_ % EQ/Morgan Stanley Mid Cap Growth (08\*)  
\_\_\_\_\_ % EQ/Small Company Index (97\*)  
\_\_\_\_\_ % Fidelity® VIP Mid Cap (7U\*)  
\_\_\_\_\_ % Goldman Sachs VIT Mid Cap Value (7W\*)  
\_\_\_\_\_ % Invesco V.I. Mid Cap Core Equity (7T\*)  
\_\_\_\_\_ % Invesco V.I. Small Cap Equity (7X\*)  
\_\_\_\_\_ % Ivy Funds VIP Mid Cap Growth (8M\*)  
\_\_\_\_\_ % Ivy Funds VIP Small Cap Growth (7Y\*)

##### International Stocks/Global

- \_\_\_\_\_ % AXA Tactical Manager International (7N\*)  
\_\_\_\_\_ % EQ/Global Multi-Sector Equity (78\*)  
\_\_\_\_\_ % EQ/International Core PLUS (88\*)  
\_\_\_\_\_ % EQ/International Value PLUS (73\*)  
\_\_\_\_\_ % EQ/MFS International Growth (26\*)  
\_\_\_\_\_ % EQ/Oppenheimer Global (6A\*)  
\_\_\_\_\_ % EQ/Templeton Global Equity (6D\*)  
\_\_\_\_\_ % Invesco V.I. International Growth (7Z\*)  
\_\_\_\_\_ % Lazard Retirement Emerging Markets Equity (8H\*)  
\_\_\_\_\_ % MFS® International Value (8A\*)

##### Sector/Specialty

- \_\_\_\_\_ % Invesco V.I. Global Real Estate (8C\*)  
\_\_\_\_\_ % Ivy Funds VIP Energy (8D\*)  
\_\_\_\_\_ % MFS® Technology (8J\*)  
\_\_\_\_\_ % MFS® Utilities (8K\*)  
\_\_\_\_\_ % Multimanager Technology (67\*)  
\_\_\_\_\_ % Van Eck VIP Global Hard Assets (8N\*)

##### Guaranteed-Fixed

- \_\_\_\_\_ % Guaranteed Interest Option (A1\*)

##### AXA Allocation (Not available under Max Flex option)

- \_\_\_\_\_ % AXA Conservative Allocation (15\*)  
\_\_\_\_\_ % AXA Conservative Growth Strategy (8R\*)  
\_\_\_\_\_ % AXA Conservative-Plus Allocation (16\*)  
\_\_\_\_\_ % AXA Conservative Strategy (8S\*)

##### Bonds (Not available under Max Flex option)

- \_\_\_\_\_ % EQ/Core Bond Index (96\*)  
\_\_\_\_\_ % EQ/Global Bond PLUS (47\*)  
\_\_\_\_\_ % EQ/PIMCO Ultra Short Bond (28\*)  
\_\_\_\_\_ % EQ/Quality Bond PLUS (TQ\*)  
\_\_\_\_\_ % Invesco V.I. High Yield (8L\*)  
\_\_\_\_\_ % Ivy Funds VIP High Income (8G\*)  
\_\_\_\_\_ % Multimanager Core Bond (69\*)  
\_\_\_\_\_ % Multimanager Multi-Sector Bond (TH\*)  
\_\_\_\_\_ % Templeton Global Bond Securities (8F\*)

##### Cash Equivalents (Not available under Max Flex option)

- \_\_\_\_\_ % EQ/Money Market (T3\*)

##### Sector/Specialty (Not available under Max Flex option)

- \_\_\_\_\_ % EQ/Franklin Core Balanced (6C\*)  
\_\_\_\_\_ % PIMCO VIT CommodityRealReturn® Strategy (8E\*)

\_\_\_\_\_ % **Total of all investment options chosen for Contribution Allocations must equal 100%**

\* The number in parentheses is shown for data input only.



## 7. Special Dollar Cost Averaging (Special DCA)

**Only available for direct transfer and rollover contributions.** Choose one time period. 100% of the contribution indicated in Section #5B(i) will be allocated to Special DCA unless you specify a dollar amount for the time period selected.

☐ 3-months: ☐ **100% Allocation or** ☐ \$ \_\_\_\_\_

☐ 6-months: ☐ **100% Allocation or** ☐ \$ \_\_\_\_\_

☐ 12-months: ☐ **100% Allocation or** ☐ \$ \_\_\_\_\_

**Use the Special DCA allocation column below for amounts to be transferred under the Special DCA program. You cannot select more than 10 investment options.**

If only allocating a portion of the direct transfer or rollover to Special DCA, you must complete the contribution allocations listed in #6.

**Note:** Your choice of Maximum Transfer Flexibility or Maximum Fund Choice as indicated in #6 will also apply to the investment options listed in this section.

### Special DCA Allocation

#### Structured Investment Option Segment

\_\_\_\_\_ % ☐ S&P 500 1year -10% Buffer (V1\*)

Although not required, you have the ability to choose a Performance Cap Threshold. To choose your Performance Cap Threshold, please check the box below and complete the Performance Cap Threshold and Maturity Instructions Election Form (#146946). The completed form must be submitted along with this application to our Processing Office.

☐ I want to choose a Performance Cap Threshold.

**Note:** if you elect the Structured Investment Option as part of your allocation percentages in #6 and elected a threshold, the same threshold that you elected will also apply to the Structured Investment Option if chosen as part of your Special DCA allocations.

### Asset Allocation

#### AXA Allocation

\_\_\_\_\_ % AXA Aggressive Allocation (18\*)  
\_\_\_\_\_ % AXA Balanced Strategy (8Q\*)  
\_\_\_\_\_ % AXA Moderate Allocation (T4\*)  
\_\_\_\_\_ % AXA Moderate Growth Strategy (8Q\*)  
\_\_\_\_\_ % AXA Moderate-Plus Allocation (17\*)

#### Target Allocation

\_\_\_\_\_ % Target 2015 Allocation (6G\*)  
\_\_\_\_\_ % Target 2025 Allocation (6H\*)  
\_\_\_\_\_ % Target 2035 Allocation (6I\*)  
\_\_\_\_\_ % Target 2045 Allocation (6J\*)

#### Other Asset Allocation

\_\_\_\_\_ % All Asset Growth - Alt 20 (7H\*)  
\_\_\_\_\_ % EQ/AllianceBernstein Dynamic Wealth Strategies (8P\*)  
\_\_\_\_\_ % EQ/Franklin Templeton Allocation (6P\*)

#### Large Cap Stocks

\_\_\_\_\_ % AXA Tactical Manager 500 (7M\*)  
\_\_\_\_\_ % EQ/BlackRock Basic Value Equity (81\*)  
\_\_\_\_\_ % EQ/Boston Advisors Equity Income (33\*)  
\_\_\_\_\_ % EQ/Calvert Socially Responsible (92\*)  
\_\_\_\_\_ % EQ/Common Stock Index (T1\*)  
\_\_\_\_\_ % EQ/Davis New York Venture (6Q\*)  
\_\_\_\_\_ % EQ/Equity 500 Index (TE\*)  
\_\_\_\_\_ % EQ/Equity Growth PLUS (94\*)  
\_\_\_\_\_ % EQ/JPMorgan Value Opportunities (72\*)  
\_\_\_\_\_ % EQ/Large Cap Core PLUS (85\*)  
\_\_\_\_\_ % EQ/Large Cap Growth Index (82\*)  
\_\_\_\_\_ % EQ/Large Cap Growth PLUS (77\*)  
\_\_\_\_\_ % EQ/Large Cap Value Index (49\*)  
\_\_\_\_\_ % EQ/Lord Abnett Large Cap Core (05\*)  
\_\_\_\_\_ % EQ/Mutual Large Cap Equity (6F\*)  
\_\_\_\_\_ % EQ/T. Rowe Price Growth Stock (32\*)  
\_\_\_\_\_ % Fidelity® VIP Contrafund® (7R\*)

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\_\_\_\_\_ % Fidelity® VIP Equity Income (7S\*)  
\_\_\_\_\_ % Invesco V.I. Diversified Dividend (8B\*)  
\_\_\_\_\_ % MFS® Investors Growth Stock (8I\*)  
\_\_\_\_\_ % MFS® Investors Trust (7P\*)  
\_\_\_\_\_ % Multimanager Aggressive Equity (T2\*)  
\_\_\_\_\_ % Multimanager Large Cap Value (58\*)  
\_\_\_\_\_ % Oppenheimer Main Street Fund®/VA (7Q\*)

#### Small/Mid Cap Stocks

\_\_\_\_\_ % American Century VP Mid Cap Value (7V\*)  
\_\_\_\_\_ % AXA Tactical Manager 400 (7L\*)  
\_\_\_\_\_ % AXA Tactical Manager 2000 (7K\*)  
\_\_\_\_\_ % EQ/AllianceBernstein Small Cap Growth (TP\*)  
\_\_\_\_\_ % EQ/AXA Franklin Small Cap Value Core (6E\*)  
\_\_\_\_\_ % EQ/GAMCO Small Company Value (37\*)  
\_\_\_\_\_ % EQ/Mid Cap Index (55\*)  
\_\_\_\_\_ % EQ/Mid Cap Value PLUS (79\*)  
\_\_\_\_\_ % EQ/Morgan Stanley Mid Cap Growth (08\*)  
\_\_\_\_\_ % EQ/Small Company Index (97\*)  
\_\_\_\_\_ % Fidelity® VIP Mid Cap (7U\*)  
\_\_\_\_\_ % Goldman Sachs VIT Mid Cap Value (7W\*)  
\_\_\_\_\_ % Invesco V.I. Mid Cap Core Equity (7T\*)  
\_\_\_\_\_ % Invesco V.I. Small Cap Equity (7X\*)  
\_\_\_\_\_ % Ivy Funds VIP Mid Cap Growth (8M\*)  
\_\_\_\_\_ % Ivy Funds VIP Small Cap Growth (7Y\*)

#### International Stocks/Global

\_\_\_\_\_ % AXA Tactical Manager International (7N\*)  
\_\_\_\_\_ % EQ/Global Multi-Sector Equity (78\*)  
\_\_\_\_\_ % EQ/International Core PLUS (88\*)  
\_\_\_\_\_ % EQ/International Value PLUS (73\*)  
\_\_\_\_\_ % EQ/MFS International Growth (26\*)  
\_\_\_\_\_ % EQ/Oppenheimer Global (6A\*)  
\_\_\_\_\_ % EQ/Templeton Global Equity (6D\*)  
\_\_\_\_\_ % Invesco V.I. International Growth (7Z\*)  
\_\_\_\_\_ % Lazard Retirement Emerging Markets Equity (8H\*)  
\_\_\_\_\_ % MFS® International Value (8A\*)

#### Sector/Specialty

\_\_\_\_\_ % Invesco V.I. Global Real Estate (8C\*)  
\_\_\_\_\_ % Ivy Funds VIP Energy (8D\*)  
\_\_\_\_\_ % MFS® Technology (8J\*)  
\_\_\_\_\_ % MFS® Utilities (8K\*)  
\_\_\_\_\_ % Multimanager Technology (67\*)  
\_\_\_\_\_ % Van Eck VIP Global Hard Assets (8N\*)

#### AXA Allocation (Not available under Max Flex option)

\_\_\_\_\_ % AXA Conservative Allocation (15\*)  
\_\_\_\_\_ % AXA Conservative Growth Strategy (8R\*)  
\_\_\_\_\_ % AXA Conservative-Plus Allocation (16\*)  
\_\_\_\_\_ % AXA Conservative Strategy (8S\*)

#### Bonds (Not available under Max Flex option)

\_\_\_\_\_ % EQ/Core Bond Index (96\*)  
\_\_\_\_\_ % EQ/Global Bond PLUS (47\*)  
\_\_\_\_\_ % EQ/PIMCO Ultra Short Bond (28\*)  
\_\_\_\_\_ % EQ/Quality Bond PLUS (TQ\*)  
\_\_\_\_\_ % Invesco V.I. High Yield (8L\*)  
\_\_\_\_\_ % Ivy Funds VIP High Income (8G\*)  
\_\_\_\_\_ % Multimanager Core Bond (69\*)  
\_\_\_\_\_ % Multimanager Multi-Sector Bond (TH\*)  
\_\_\_\_\_ % Templeton Global Bond Securities (8F\*)

#### Cash Equivalents (Not available under Max Flex option)

\_\_\_\_\_ % EQ/Money Market (T3\*)

#### Sector/Specialty (Not available under Max Flex option)

\_\_\_\_\_ % EQ/Franklin Core Balanced (6C\*)  
\_\_\_\_\_ % PIMCO VIT CommodityRealReturn® Strategy (8E\*)

\_\_\_\_\_ % **Total of all investment options chosen for Special DCA Allocations must equal 100%**

\* The number in parentheses is shown for data input only.



## 8. Special instructions

**(For beneficiary and any further detailed information)**

Attach a separate sheet if additional space is needed.

For Annuitants whose Mailing Address differs from their Primary Residential Address in Section 3.

Annuitant's Mailing Address:

Mailing Address — P.O. Box Accepted

City State Zip Code

## 9. Other Required Information (Mandatory)

**A and B must be completed.**

### **A. Replacement Information: (Must Respond to 1 and 2.)**

1. **Do you have any other existing life insurance or annuities?**  
☐ Yes ☐ No
2. **Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued?**  
☐ Yes ☐ No

If **Yes**, fully complete the following information (if more than 3 companies are replaced, provide details in Special Instructions section):

1. \_\_\_\_\_  
Year Issued Type of Plan Company Contract Number

Company Address

2. \_\_\_\_\_  
Year Issued Type of Plan Company Contract Number

Company Address

3. \_\_\_\_\_  
Year Issued Type of Plan Company Contract Number

Company Address

### **B. Contract State:**

The Contract state is your state of primary residence (Annuitant's primary residential address from Section 3) **unless** you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

☐ I have a second residence in the state of sale.

☐ I work or conduct business in the state of sale.

If none of the above apply, the application must be signed in your state of Primary Residence, unless we approve another state.

## 10. Broker Transfer Authorization

☐ **Yes**, by signing this application, I hereby designate my registered representative named in EQUI-VEST Representative Report to act as my agent in giving investment option transfer instructions by telephone or electronically, and I authorize AXA Equitable to act on such instructions. I understand that AXA Equitable (i) may rely in good faith on the stated identity of a person placing such instructions, and (ii) will have no liability for any claim, loss, liability, or expense that may arise in connection with such instructions. AXA Equitable will continue to act upon this authorization until such time as it receives my written notification of a change at its processing office. AXA Equitable may (i) change or terminate telephone or electronic or overnight mail transfer procedures at any time without prior notice, and (ii) restrict fax, internet, telephone and other electronic transfer services because of disruptive transfer activity.

## 11. Acknowledgement

### BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT:

- Amounts withdrawn from the contract may be subject to a withdrawal charge.
- No financial professional has the authority to make or modify any contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations.
- If my Employer maintains a Plan that is intended to meet the requirements of Section 403(b) of the Internal Revenue Code (the "Code"), my Employer may authorize and instruct AXA Equitable to share my personal information with unaffiliated third parties to facilitate the exchange of information to meet the requirements of the Code.
- If my Employer maintains a Section 403(b) plan, my Employer may instruct and require AXA Equitable to deduct a plan operating expense from my account value to pay for administrative and recordkeeping services under the Plan; such amount will be remitted to a party not affiliated with AXA Equitable.
- By signing this application form I acknowledge that I am buying the contract for its features and benefits other than tax deferral, as the tax deferral feature of the contract does not provide additional benefits.
- All information and statements furnished in this application form are true and complete to the best of my knowledge and belief.
- **I understand that the annuity account value attributable to allocations to the variable investment options of the separate account or variable annuity benefit payments may increase or decrease and are not guaranteed as to dollar amount.**
- I acknowledge that I have received the most current prospectus and any supplement(s).
- After reviewing my financial information and goals with my financial professional, I believe that this contract will meet my financial goals.

### Consent for Delivery of Initial Prospectus on CD-ROM:

☐ **Yes**. By checking this box and signing the Application below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-877-222-2144, and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

In Colorado,  
Kentucky, Maine,  
and Tennessee:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding or attempting to defraud, the company. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages.

In New Jersey and  
New Mexico:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In Arkansas, D.C.,  
Rhode Island and  
West Virginia:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In Ohio:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form/application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In Oklahoma:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

All Other States:

Any person who knowingly and with intent to defraud any insurance company files an enrollment form/application or statement of claim containing any materially false, misleading or incomplete information may be guilty of a crime which may be punishable under state or Federal law.

X  
Proposed Annuitant's Signature

Today's Date (mm/dd/yy)

City

State

**EQUI-VEST® REPRESENTATIVE REPORT***Please print in black ink.**All questions must be answered.*

- A. I certify that a Prospectus and Supplement(s) for the Contract has been given to the Proposed Annuitant, and that no written sales materials other than those approved by AXA Equitable have been used. **(The Representative who secures this application must sign in the space provided below.)**  
☐ Yes
- B. Do you have reason to believe that any existing life insurance or annuity has been or will be surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction, assuming the certificate/contract applied for will be issued on the life of the annuitant?  
☐ Yes ☐ No (If Yes, attach copy of the Replacement Acknowledgement Form.)
- C. Did you (i) verify the identity by reviewing the driver's license/passport of the Proposed Annuitant (ii) inquire about the source of the customer's assets and income and (iii) confirm that the Annuitant is not (nor is a family member of or associated with) a foreign military, government or political official?  
☐ Yes **(If you are unable to answer Yes to all three questions, contact your Branch Controls Manager.)**
- D. Do you authorize the contract to be mailed directly to the Proposed Annuitant instead of being mailed to the Branch Office?  
☐ Yes ☐ No
- E. Is the Annuitant currently an Active Duty\* Member of the Armed Forces?  
☐ Yes ☐ No (If Yes, you must also submit a completed and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES).
- \* "Active Duty" means full-time duty in the active military service of the United States and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. The term does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.
- F. Compensation will be paid as indicated in the Annual Schedule of Commission and Service Fees Field Bulletin.

**Name and Signature of the Financial Representative who answered the above questions and verified the above documents.**

Print Name

Signature

Date

**EQUI-VEST** issues must reflect the commission percentages of all applicable Representatives.

| Print Representative(s) Name(s)<br>(Service Representative First) | Last Name Initial | Representative Number | Representative % | Agency Code | Representative Insurance License#* |
|---|-------------------|-----------------------|------------------|-------------|------------------------------------|
|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |

\*Where required by state regulations

AXA EQUITABLE LIFE INSURANCE COMPANY  
New York, New York 10104

# AXA Equitable Life Insurance Company

EQUI-VEST® (Series 201)

Combination Fixed and Variable Deferred Annuity

Application for 457(b) EDC

Application No. \_\_\_\_\_

## 1. Employer information

Employer/and (or) School Name/Unit Name \_\_\_\_\_

(Select one) ☐ \_\_\_\_\_ or  
Existing Plan/Unit Number Location \_\_\_\_\_

☐ New Unit (**Must complete Unit Establishment Kit**)

## 2. Annuitant information (Check all appropriate boxes)

If your Mailing Address is different from the Primary Residential Address below, please provide your Mailing Address in Section 7. If you have moved within the last 12 months, please indicate your previous address in the Special Instructions section.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other \_\_\_\_\_

☐ Male ☐ Female \_\_\_\_\_

Social Security Number (**Required**) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Evening \_\_\_\_\_ Daytime \_\_\_\_\_  
(mm/dd/yy) Phone Number Phone Number

U.S.A. Primary Residential Address – **No P.O. Box Permitted**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Valid Driver's License No./ \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_  
State Issued ID # \_\_\_\_\_

U.S. Citizen? ☐ Yes ☐ No (If No, complete below and attach copy of U.S. Visa or Permanent Resident card)

Country \_\_\_\_\_ Passport #/Resident Card # \_\_\_\_\_ U.S. Visa Type \_\_\_\_\_

## Mailing Instructions:

**Express Mail:** (with money):

JPMorganChase  
4 Chase Metrotech Center, 7th Floor  
NY Remit One Image Lockbox # 13823  
Brooklyn, NY 11245-0001

**Regular Mail:** (with money):

EQUI-VEST Unit Annuity  
Lockbox P.O. Box 13823  
Newark, NJ 07188-0463



**AXA EQUITABLE**

**Express Mail:** (without money):

EQUI-VEST New Business  
100 Madison St., Suite 1000  
Syracuse, NY 13202

**Regular Mail:** (without money):

EQUI-VEST New Business  
P.O. Box 4704,  
Syracuse, NY 13221-4704

## 3. Beneficiary(ies) information

### Primary

1. \_\_\_\_\_ %  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Annuitant:

Spouse: ☐ Male ☐ Female **OR** Child: ☐ Male ☐ Female

☐ Other: \_\_\_\_\_

T.I.N.: S.S.N. ☐ or E.I.N. ☐ \_\_\_\_\_

2. \_\_\_\_\_ %  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Annuitant:

Spouse: ☐ Male ☐ Female **OR** Child: ☐ Male ☐ Female

☐ Other: \_\_\_\_\_

T.I.N.: S.S.N. ☐ or E.I.N. ☐ \_\_\_\_\_

### Contingent

1. \_\_\_\_\_ %  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Annuitant:

Spouse: ☐ Male ☐ Female **OR** Child: ☐ Male ☐ Female

☐ Other: \_\_\_\_\_

T.I.N.: S.S.N. ☐ or E.I.N. ☐ \_\_\_\_\_

## 4. Contribution amount

If a payment will be forwarded at a later date, you must complete #4A and, if applicable, #4B. If a payment will be provided when the application is signed, complete #4C only.

### A. Expected First Year Contribution (Excluding Direct Transfers/Rollovers):

| Expected Monthly Contribution (Check only one) | Expected Annual First Year Contribution |
|--|---|
| <input type="checkbox"/> \$250                 |   |
| <input type="checkbox"/> \$500                 |   |
| <input type="checkbox"/> \$1,000               | \$ _____                                |
| <input type="checkbox"/> Other \$ _____        |   |

### B. Expected Direct Transfers/Rollovers: \$ \_\_\_\_\_

(i) If you intend to allocate all or a portion of this amount to Special DCA, also complete #6.

(ii) Is this a Rollover from a 401(k) Plan? ☐ Yes

### C. Amount provided with this application: \$ \_\_\_\_\_



## 5. Selection of investment options and allocation percentages

Must check either Box A or Box B, but not both.

A. ☐ **Maximum Transfer Flexibility.** By checking this box, you may invest in the investment options listed in this section which are not boxed off. Transfers out of the Guaranteed Interest Option will not be limited.

B. ☐ **Maximum Fund Choice.** By checking this box, you may invest in any of the investment options listed in this section. Transfers out of the Guaranteed Interest Option will be limited (see prospectus for details).

Current Allocation (Applies to Boxes A and B): Select the allocation for the contributions indicated in #4A or any amounts that you may invest in these investment options in the future. You can change this allocation for future contributions at any time. The percentages entered below must be in whole numbers and total 100%.

### Contribution Allocation

#### Structured Investment Option Segment

\_\_\_\_\_ % ☐ S&P 500 1year -10% Buffer (V1\*)  
Although not required, you have the ability to choose a Performance Cap Threshold. To choose your Performance Cap Threshold, please check the box below and complete the Performance Cap Threshold and Maturity Instructions Election Form (#146946). The completed form must be submitted along with this application to our Processing Office.

☐ I want to choose a Performance Cap Threshold.

### Asset Allocation

#### AXA Allocation

\_\_\_\_\_ % AXA Aggressive Allocation (18\*)  
\_\_\_\_\_ % AXA Balanced Strategy (8Q\*)  
\_\_\_\_\_ % AXA Moderate Allocation (T4\*)  
\_\_\_\_\_ % AXA Moderate Growth Strategy (8O\*)  
\_\_\_\_\_ % AXA Moderate-Plus Allocation (17\*)

#### Target Allocation

\_\_\_\_\_ % Target 2015 Allocation (6G\*)  
\_\_\_\_\_ % Target 2025 Allocation (6H\*)  
\_\_\_\_\_ % Target 2035 Allocation (6I\*)  
\_\_\_\_\_ % Target 2045 Allocation (6J\*)

#### Other Asset Allocation

\_\_\_\_\_ % All Asset Growth – Alt 20 (7H\*)  
\_\_\_\_\_ % EQ/AllianceBernstein Dynamic Wealth Strategies (8P\*)  
\_\_\_\_\_ % EQ/Franklin Templeton Allocation (6P\*)

#### Large Cap Stocks

\_\_\_\_\_ % AXA Tactical Manager 500 (7M\*)  
\_\_\_\_\_ % EQ/BlackRock Basic Value Equity (81\*)  
\_\_\_\_\_ % EQ/Boston Advisors Equity Income (33\*)  
\_\_\_\_\_ % EQ/Calvert Socially Responsible (92\*)  
\_\_\_\_\_ % EQ/Common Stock Index (T1\*)  
\_\_\_\_\_ % EQ/Davis New York Venture (6Q\*)  
\_\_\_\_\_ % EQ/Equity 500 Index (TE\*)  
\_\_\_\_\_ % EQ/Equity Growth PLUS (94\*)  
\_\_\_\_\_ % EQ/JPMorgan Value Opportunities (72\*)  
\_\_\_\_\_ % EQ/Large Cap Core PLUS (85\*)  
\_\_\_\_\_ % EQ/Large Cap Growth Index (82\*)  
\_\_\_\_\_ % EQ/Large Cap Growth PLUS (77\*)  
\_\_\_\_\_ % EQ/Large Cap Value Index (49\*)  
\_\_\_\_\_ % EQ/Lord Abbett Large Cap Core (05\*)  
\_\_\_\_\_ % EQ/Mutual Large Cap Equity (6F\*)  
\_\_\_\_\_ % EQ/T. Rowe Price Growth Stock (32\*)  
\_\_\_\_\_ % Fidelity® VIP Contrafund® (7R\*)  
\_\_\_\_\_ % Fidelity® VIP Equity Income (7S\*)  
\_\_\_\_\_ % Invesco V.I. Diversified Dividend (8B\*)  
\_\_\_\_\_ % MFS® Investors Growth Stock (8I\*)

\_\_\_\_\_ % MFS® Investors Trust (7P\*)  
\_\_\_\_\_ % Multimanager Aggressive Equity (T2\*)  
\_\_\_\_\_ % Multimanager Large Cap Value (58\*)  
\_\_\_\_\_ % Oppenheimer Main Street Fund®/VA (7Q\*)

#### Small/Mid Cap Stocks

\_\_\_\_\_ % American Century VP Mid Cap Value (7V\*)  
\_\_\_\_\_ % AXA Tactical Manager 400 (7L\*)  
\_\_\_\_\_ % AXA Tactical Manager 2000 (7K\*)  
\_\_\_\_\_ % EQ/AllianceBernstein Small Cap Growth (TP\*)  
\_\_\_\_\_ % EQ/AXA Franklin Small Cap Value Core (6E\*)  
\_\_\_\_\_ % EQ/GAMCO Small Company Value (37\*)  
\_\_\_\_\_ % EQ/Mid Cap Index (55\*)  
\_\_\_\_\_ % EQ/Mid Cap Value PLUS (79\*)  
\_\_\_\_\_ % EQ/Morgan Stanley Mid Cap Growth (08\*)  
\_\_\_\_\_ % EQ/Small Company Index (97\*)  
\_\_\_\_\_ % Fidelity® VIP Mid Cap (7U\*)  
\_\_\_\_\_ % Goldman Sachs VIT Mid Cap Value (7W\*)  
\_\_\_\_\_ % Invesco V.I. Mid Cap Core Equity (7T\*)  
\_\_\_\_\_ % Invesco V.I. Small Cap Equity (7X\*)  
\_\_\_\_\_ % Ivy Funds VIP Mid Cap Growth (8M\*)  
\_\_\_\_\_ % Ivy Funds VIP Small Cap Growth (7Y\*)

#### International Stocks/Global

\_\_\_\_\_ % AXA Tactical Manager International (7N\*)  
\_\_\_\_\_ % EQ/Global Multi-Sector Equity (78\*)  
\_\_\_\_\_ % EQ/International Core PLUS (88\*)  
\_\_\_\_\_ % EQ/International Value PLUS (73\*)  
\_\_\_\_\_ % EQ/MFS International Growth (26\*)  
\_\_\_\_\_ % EQ/Oppenheimer Global (6A\*)  
\_\_\_\_\_ % EQ/Templeton Global Equity (6D\*)  
\_\_\_\_\_ % Invesco V.I. International Growth (7Z\*)  
\_\_\_\_\_ % Lazard Retirement Emerging Markets Equity (8H\*)  
\_\_\_\_\_ % MFS® International Value (8A\*)

#### Sector/Specialty

\_\_\_\_\_ % Invesco V.I. Global Real Estate (8C\*)  
\_\_\_\_\_ % Ivy Funds VIP Energy (8D\*)  
\_\_\_\_\_ % MFS® Technology (8J\*)  
\_\_\_\_\_ % MFS® Utilities (8K\*)  
\_\_\_\_\_ % Multimanager Technology (67\*)  
\_\_\_\_\_ % Van Eck VIP Global Hard Assets (8N\*)

#### Guaranteed-Fixed

\_\_\_\_\_ % Guaranteed Interest Option (A1\*)

#### AXA Allocation (Not available under Max Flex option)

\_\_\_\_\_ % AXA Conservative Allocation (15\*)  
\_\_\_\_\_ % AXA Conservative Growth Strategy (8R\*)  
\_\_\_\_\_ % AXA Conservative-Plus Allocation (16\*)  
\_\_\_\_\_ % AXA Conservative Strategy (8S\*)

#### Bonds (Not available under Max Flex option)

\_\_\_\_\_ % EQ/Core Bond Index (96\*)  
\_\_\_\_\_ % EQ/Global Bond PLUS (47\*)  
\_\_\_\_\_ % EQ/PIMCO Ultra Short Bond (28\*)  
\_\_\_\_\_ % EQ/Quality Bond PLUS (TQ\*)  
\_\_\_\_\_ % Invesco V.I. High Yield (8L\*)  
\_\_\_\_\_ % Ivy Funds VIP High Income (8G\*)  
\_\_\_\_\_ % Multimanager Core Bond (69\*)  
\_\_\_\_\_ % Multimanager Multi-Sector Bond (TH\*)  
\_\_\_\_\_ % Templeton Global Bond Securities (8F\*)

#### Cash Equivalents (Not available under Max Flex option)

\_\_\_\_\_ % EQ/Money Market (T3\*)

#### Sector/Specialty (Not available under Max Flex option)

\_\_\_\_\_ % EQ/Franklin Core Balanced (6C\*)  
\_\_\_\_\_ % PIMCO VIT CommodityRealReturn® Strategy (8E\*)

\_\_\_\_\_ % **Total of all investment options chosen for Contribution Allocations must equal 100%**

\* The number in parentheses is shown for data input only.



## 6. Special Dollar Cost Averaging (Special DCA)

### Only available for direct transfer and rollover contributions.

Choose one time period. 100% of the contribution indicated in Section #4B(i) will be allocated to Special DCA unless you specify a dollar amount for the time period selected.

- ☐ 3-months: ☐ 100% Allocation or ☐ \$ \_\_\_\_\_  
☐ 6-months: ☐ 100% Allocation or ☐ \$ \_\_\_\_\_  
☐ 12-months: ☐ 100% Allocation or ☐ \$ \_\_\_\_\_

Use the Special DCA allocation column below for amounts to be transferred under the Special DCA program. You cannot select more than 10 investment options.

If only allocating a portion of the direct transfer or rollover to Special DCA, you must complete the contribution allocations listed in #5.

**Note:** Your choice of Maximum Transfer Flexibility or Maximum Fund Choice as indicated in #5 will also apply to the investment options listed in this section.

### Special DCA Allocation

#### Structured Investment Option Segment

\_\_\_\_\_ % S&P 500 1year -10% Buffer (V1\*)

Although not required, you have the ability to choose a Performance Cap Threshold. To choose your Performance Cap Threshold, please check the box below and complete the Performance Cap Threshold and Maturity Instructions Election Form (#146946). The completed form must be submitted along with this application to our Processing Office.

☐ I want to choose a Performance Cap Threshold.

**Note:** if you elect the Structured Investment Option as part of your allocation percentages in #5 and elected a threshold, the same threshold that you elected will also apply to the Structured Investment Option if chosen as part of your Special DCA allocations.

### Asset Allocation

#### AXA Allocation

- \_\_\_\_\_ % AXA Aggressive Allocation (18\*)  
\_\_\_\_\_ % AXA Balanced Strategy (8Q\*)  
\_\_\_\_\_ % AXA Moderate Allocation (T4\*)  
\_\_\_\_\_ % AXA Moderate Growth Strategy (8O\*)  
\_\_\_\_\_ % AXA Moderate-Plus Allocation (17\*)

#### Target Allocation

- \_\_\_\_\_ % Target 2015 Allocation (6G\*)  
\_\_\_\_\_ % Target 2025 Allocation (6H\*)  
\_\_\_\_\_ % Target 2035 Allocation (6I\*)  
\_\_\_\_\_ % Target 2045 Allocation (6J\*)

#### Other Asset Allocation

- \_\_\_\_\_ % All Asset Growth - Alt 20 (7H\*)  
\_\_\_\_\_ % EQ/AllianceBernstein Dynamic Wealth Strategies (8P\*)  
\_\_\_\_\_ % EQ/Franklin Templeton Allocation (6P\*)

### Large Cap Stocks

- \_\_\_\_\_ % AXA Tactical Manager 500 (7M\*)  
\_\_\_\_\_ % EQ/BlackRock Basic Value Equity (81\*)  
\_\_\_\_\_ % EQ/Boston Advisors Equity Income (33\*)  
\_\_\_\_\_ % EQ/Calvert Socially Responsible (92\*)  
\_\_\_\_\_ % EQ/Common Stock Index (T1\*)  
\_\_\_\_\_ % EQ/Davis New York Venture (6Q\*)  
\_\_\_\_\_ % EQ/Equity 500 Index (TE\*)  
\_\_\_\_\_ % EQ/Equity Growth PLUS (94\*)  
\_\_\_\_\_ % EQ/JPMorgan Value Opportunities (72\*)  
\_\_\_\_\_ % EQ/Large Cap Core PLUS (85\*)  
\_\_\_\_\_ % EQ/Large Cap Growth Index (82\*)  
\_\_\_\_\_ % EQ/Large Cap Growth PLUS (77\*)  
\_\_\_\_\_ % EQ/Large Cap Value Index (49\*)  
\_\_\_\_\_ % EQ/Lord Abbett Large Cap Core (05\*)  
\_\_\_\_\_ % EQ/Mutual Large Cap Equity (6F\*)  
\_\_\_\_\_ % EQ/T. Rowe Price Growth Stock (32\*)  
\_\_\_\_\_ % Fidelity® VIP Contrafund® (7R\*)  
\_\_\_\_\_ % Fidelity® VIP Equity Income (7S\*)

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- \_\_\_\_\_ % Invesco V.I. Diversified Dividend (8B\*)  
\_\_\_\_\_ % MFS® Investors Growth Stock (8I\*)  
\_\_\_\_\_ % MFS® Investors Trust (7P\*)  
\_\_\_\_\_ % Multimanager Aggressive Equity (T2\*)  
\_\_\_\_\_ % Multimanager Large Cap Value (58\*)  
\_\_\_\_\_ % Oppenheimer Main Street Fund®/VA (7Q\*)

### Small/Mid Cap Stocks

- \_\_\_\_\_ % American Century VP Mid Cap Value (7V\*)  
\_\_\_\_\_ % AXA Tactical Manager 400 (7L\*)  
\_\_\_\_\_ % AXA Tactical Manager 2000 (7K\*)  
\_\_\_\_\_ % EQ/AllianceBernstein Small Cap Growth (TP\*)  
\_\_\_\_\_ % EQ/AXA Franklin Small Cap Value Core (6E\*)  
\_\_\_\_\_ % EQ/GAMCO Small Company Value (37\*)  
\_\_\_\_\_ % EQ/Mid Cap Index (55\*)  
\_\_\_\_\_ % EQ/Mid Cap Value PLUS (79\*)  
\_\_\_\_\_ % EQ/Morgan Stanley Mid Cap Growth (08\*)  
\_\_\_\_\_ % EQ/Small Company Index (97\*)  
\_\_\_\_\_ % Fidelity® VIP Mid Cap (7U\*)  
\_\_\_\_\_ % Goldman Sachs VIT Mid Cap Value (7W\*)  
\_\_\_\_\_ % Invesco V.I. Mid Cap Core Equity (7T\*)  
\_\_\_\_\_ % Invesco V.I. Small Cap Equity (7X\*)  
\_\_\_\_\_ % Ivy Funds VIP Mid Cap Growth (8M\*)  
\_\_\_\_\_ % Ivy Funds VIP Small Cap Growth (7Y\*)

### International Stocks/Global

- \_\_\_\_\_ % AXA Tactical Manager International (7N\*)  
\_\_\_\_\_ % EQ/Global Multi-Sector Equity (78\*)  
\_\_\_\_\_ % EQ/International Core PLUS (88\*)  
\_\_\_\_\_ % EQ/International Value PLUS (73\*)  
\_\_\_\_\_ % EQ/MFS International Growth (26\*)  
\_\_\_\_\_ % EQ/Oppenheimer Global (6A\*)  
\_\_\_\_\_ % EQ/Templeton Global Equity (6D\*)  
\_\_\_\_\_ % Invesco V.I. International Growth (7Z\*)  
\_\_\_\_\_ % Lazard Retirement Emerging Markets Equity (8H\*)  
\_\_\_\_\_ % MFS® International Value (8A\*)

### Sector/Specialty

- \_\_\_\_\_ % Invesco V.I. Global Real Estate (8C\*)  
\_\_\_\_\_ % Ivy Funds VIP Energy (8D\*)  
\_\_\_\_\_ % MFS® Technology (8J\*)  
\_\_\_\_\_ % MFS® Utilities (8K\*)  
\_\_\_\_\_ % Multimanager Technology (67\*)  
\_\_\_\_\_ % Van Eck VIP Global Hard Assets (8N\*)

### AXA Allocation (Not available under Max Flex option)

- \_\_\_\_\_ % AXA Conservative Allocation (15\*)  
\_\_\_\_\_ % AXA Conservative Growth Strategy (8R\*)  
\_\_\_\_\_ % AXA Conservative-Plus Allocation (16\*)  
\_\_\_\_\_ % AXA Conservative Strategy (8S\*)

### Bonds (Not available under Max Flex option)

- \_\_\_\_\_ % EQ/Core Bond Index (96\*)  
\_\_\_\_\_ % EQ/Global Bond PLUS (47\*)  
\_\_\_\_\_ % EQ/PIMCO Ultra Short Bond (28\*)  
\_\_\_\_\_ % EQ/Quality Bond PLUS (TQ\*)  
\_\_\_\_\_ % Invesco V.I. High Yield (8L\*)  
\_\_\_\_\_ % Ivy Funds VIP High Income (8G\*)  
\_\_\_\_\_ % Multimanager Core Bond (69\*)  
\_\_\_\_\_ % Multimanager Multi-Sector Bond (TH\*)  
\_\_\_\_\_ % Templeton Global Bond Securities (8F\*)

### Cash Equivalents (Not available under Max Flex option)

- \_\_\_\_\_ % EQ/Money Market (T3\*)

### Sector/Specialty (Not available under Max Flex option)

- \_\_\_\_\_ % EQ/Franklin Core Balanced (6C\*)  
\_\_\_\_\_ % PIMCO VIT CommodityRealReturn® Strategy (8E\*)

\_\_\_\_\_ % Total of all investment options chosen for Special DCA Allocations must equal 100%

\* The number in parentheses is shown for data input only.

EDC App. (07/12)

Cat. No. 147601 Page 3 of 6

## 7. Special instructions

**(For beneficiary and any further detailed information)**

Attach a separate sheet if additional space is needed.

For Annuitants whose Mailing Address differs from their Primary Residential Address in Section 2.

Annuitant's Mailing Address:

Mailing Address — P.O. Box Accepted

City State Zip Code

## 8. Other Required Information (Mandatory)

**A and B must be completed.**

### A. Replacement Information: (Must Respond to 1 and 2.)

1. Do you have any other existing life insurance or annuities?  
☐ Yes ☐ No

2. Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued?  
☐ Yes ☐ No

If **Yes**, fully complete the following information (if more than 3 companies are replaced, provide details in Special Instructions section):

1. \_\_\_\_\_  
Year Issued Type of Plan Company Contract Number

Company Address

2. \_\_\_\_\_  
Year Issued Type of Plan Company Contract Number

Company Address

3. \_\_\_\_\_  
Year Issued Type of Plan Company Contract Number

Company Address

### B. Contract State:

The Contract state is your state of primary residence (Annuitant's primary residential address from Section 2) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

- ☐ I have a second residence in the state of sale.  
☐ I work or conduct business in the state of sale.

If none of the above apply, the application must be signed in your state of Primary Residence, unless we approve another state.



## 9. Broker Transfer Authorization

☐ **Yes**, by signing this application, I hereby designate my registered representative named in EQUI-VEST Representative Report to act as my agent in giving investment option transfer instructions by telephone or electronically, and I authorize AXA Equitable to act on such instructions. I understand that AXA Equitable (i) may rely in good faith on the stated identity of a person placing such instructions, and (ii) will have no liability for any claim, loss, liability, or expense that may arise in connection with such instructions. AXA Equitable will continue to act upon this authorization until such time as it receives my written notification of a change at its processing office. AXA Equitable may (i) change or terminate telephone or electronic or overnight mail transfer procedures at any time without prior notice, and (ii) restrict fax, internet, telephone and other electronic transfer services because of disruptive transfer activity.

## 10. Acknowledgement

### BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT:

- Amounts withdrawn from the contract may be subject to a withdrawal charge.
- No financial professional has the authority to make or modify any contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations.
- If my Employer maintains a Plan that is intended to meet the requirements of Section 457(b) of the Internal Revenue Code (the "Code"), my Employer may authorize and instruct AXA Equitable to share my personal information with unaffiliated third parties to facilitate the exchange of information to meet the requirements of the Code.
- If my Employer maintains a Section 457(b) plan, my Employer may instruct and require AXA Equitable to deduct a plan operating expense from my account value to pay for administrative and recordkeeping services under the Plan; such amount will be remitted to a party not affiliated with AXA Equitable.
- By signing this application form I acknowledge that I am buying the contract for its features and benefits other than tax deferral, as the tax deferral feature of the contract does not provide additional benefits.
- All information and statements furnished in this application form are true and complete to the best of my knowledge and belief.
- ***I understand that the annuity account value attributable to allocations to the variable investment options of the separate account or variable annuity benefit payments may increase or decrease and are not guaranteed as to dollar amount.***
- ***I acknowledge that I have received the most current prospectus and any supplement(s).***
- ***After reviewing my financial information and goals with my financial professional, I believe that this contract will meet my financial goals.***

### Consent for Delivery of Initial Prospectus on CD-ROM:

☐ **Yes**. By checking this box and signing the Application below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-877-222-2144, and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

|  |   |
|--|---|
| In Colorado, Kentucky, Maine, and Tennessee:       | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding or attempting to defraud, the company. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages.                 |
| In New Jersey and New Mexico:                      | Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.   |
| In Arkansas, D.C., Rhode Island and West Virginia: | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.                                      |
| In Ohio:   | Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form/application or files a claim containing a false or deceptive statement is guilty of insurance fraud.   |
| In Oklahoma:                                       | Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.   |
| All Other States:                                  | Any person who knowingly and with intent to defraud any insurance company files an enrollment form/application or statement of claim containing any materially false, misleading or incomplete information may be guilty of a crime which may be punishable under state or Federal law. |

X \_\_\_\_\_  
Proposed Annuitant's Signature Today's Date (mm/dd/yy) City State

X \_\_\_\_\_  
Signature of Owner/Trustee Today's Date (mm/dd/yy) City State

# **EQUI-VEST® REPRESENTATIVE REPORT**

**Please print in black ink.  
All questions must be answered.**

- A.** I certify that a Prospectus and Supplement(s) for the Contract has been given to the Proposed Annuitant, and that no written sales materials other than those approved by AXA Equitable have been used.  
**(The Representative who secures this application must sign in the space provided below.)**  
☐ Yes
- B.** Do you have reason to believe that any existing life insurance or annuity has been or will be surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction, assuming the certificate/contract applied for will be issued on the life of the annuitant?  
☐ Yes ☐ No (If Yes, attach copy of the Replacement Acknowledgement Form.)
- C.** Did you (i) verify the identity by reviewing the driver's license/passport of the Proposed Annuitant (ii) inquire about the source of the customer's assets and income and (iii) confirm that the Annuitant is not (nor is a family member of or associated with) a foreign military, government or political official?  
☐ Yes **(If you are unable to answer Yes to all three questions, contact your Branch Controls Manager.)**
- D.** Do you authorize the contract to be mailed directly to the Proposed Annuitant instead of being mailed to the Branch Office?  
☐ Yes ☐ No
- E.** Is the Annuitant currently an Active Duty\* Member of the Armed Forces?  
☐ Yes ☐ No (If Yes, you must also submit a completed and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES).  
\* "Active Duty" means full-time duty in the active military service of the United States and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. The term does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.
- F.** Compensation will be paid as indicated in the Annual Schedule of Commission and Service Fees Field Bulletin.

**Name and Signature of the Financial Representative who answered the above questions and verified the above documents.**

Print Name

Signature

Date

**EQUI-VEST** issues must reflect the commission percentages of all applicable Representatives.

| Print Representative(s) Name(s)<br>(Service Representative First) | Last Name Initial | Representative Number | Representative % | Agency Code | Representative Insurance License#* |
|---|-------------------|-----------------------|------------------|-------------|------------------------------------|
|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |
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|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |
|   |                   |                       |                  |             |                                    |

\*Where required by state regulations

AXA EQUITABLE LIFE INSURANCE COMPANY  
New York, New York 10104

|                             |   |                        |                                      |
|-----------------------------|---|------------------------|--------------------------------------|
| <b>State:</b>               | Arkansas  | <b>Filing Company:</b> | AXA Equitable Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium |                        |                                      |
| <b>Product Name:</b>        | Equivest  |                        |                                      |
| <b>Project Name/Number:</b> | Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)                          |                        |                                      |

## Supporting Document Schedules

|  |               | Item Status: | Status Date: |
|--|---------------|--------------|--------------|
| Satisfied - Item:  | Filing Letter |              |              |
| Comments:  |               |              |              |
| Attachment(s):   |               |              |              |
| AR EQUI-VEST SERIES 201 IND ADVISOR APPLICATION FILING LETTER (GENERIC-7-12) ).pdf |               |              |              |

|                          |                        | Item Status: | Status Date: |
|--------------------------|------------------------|--------------|--------------|
| Satisfied - Item:        | Filing Fee Transmittal |              |              |
| Comments:                |                        |              |              |
| Attachment(s):           |                        |              |              |
| ArkansasFilingFeeTrn.pdf |                        |              |              |

|  |                           | Item Status: | Status Date: |
|--|---------------------------|--------------|--------------|
| Satisfied - Item:  | Variable Text Memorandums |              |              |
| Comments:  |                           |              |              |
| Attachment(s):   |                           |              |              |
| VTM - Gen - EQUI-VEST EDC SERIES 201 ADVISOR APPLICATION (GENERIC-07-12).pdf |                           |              |              |
| VTM - Gen - EQUI-VEST TSA SERIES 201 ADVISOR APPLICATION (GENERIC).pdf       |                           |              |              |



Paul A. Bernitt  
Manager, Policy Forms  
Telephone: (212) 314-3761  
Paul.bernitt@AXA-Equitable.com

July 18, 2012

The Honorable Jay Bradford  
Commissioner  
Arkansas Department of Insurance  
1200 W. Third Street  
Little Rock, AR 72201-1904  
Attn.: Policy & Other Form Filings

**Re: AXA Equitable Life Insurance Company**  
**AXA Equitable's NAIC # 968-62944**  
**AXA Equitable's FEIN # 13-5570651**  
EQUI-VEST Deferred Variable Annuity Application for TSA –180-4001(07-12)  
EQUI-VEST Deferred Variable Annuity Application for EDC –180-4002(07-12)

Dear Commissioner:

We are filing with the Department for approval the above referenced application forms.

Our Agents in the Tax Sheltered (TSA) market will use application 180-4001(07-12). This application will replace application 180-4001 (01-11) that was approved by the Department on 02/08/2011 under File No. ELAS-127016175. Application 180-4001(07-12) is similar to Application 180-4001(01-11) except that Section 5, "Contribution amount " has been revised to provide a box to make it easier for the client to indicate a specific expected monthly Contribution amount. Also, in Section 11, "Acknowledgement" the text and check-off box for the "Electronic Delivery Information" has been removed. Application 180-4001(7-12) will be used with Contract Form No. 2006BASE-I-A that was approved by the Department on 03/27/2006 under SERFF # SERT-6MBUBJ252.

Our Agents in the Employee Deferred Compensation (EDC) market will use application 180-4002(07-12). This application will replace application 180-4002 (01-11) that was approved by the Department on 02/08/2011 under File No. ELAS-127016175. Application 180-4002(07-12) is similar to Application 180-4002 (01-11) except that Section 4, "Contribution amount" has been revised to provide a box to make it easier for the client to indicate a specific expected monthly Contribution amount. Also, in Section 10, "Acknowledgement" the text and check-off box for the "Electronic Delivery Information" has been removed. Application 180-4002(7-12) will be used with Contract Form No. 2006BASE-I-A that was approved by the Department on 03/27/2006 under SERFF # SERT-6MBUBJ252.

We are also enclosing a Memorandum of Variable Material for each of the Applications. Due to a recent change in law, the state of New York no longer requires filing of this type of form for use outside of New York. Instead, New York now requires that we file annually, a list identifying and describing the policy forms issued by us for delivery outside New York. The required filing fee will be sent by express mail or EFT.

If you have any questions or need any additional information, please call me at the above number or Greg Prato at (212) 314-5710. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Paul A. Bernitt". The signature is written in dark ink and is positioned above the typed name.

Policy Form Manager

**ARKANSAS  
INSURANCE  
DEPARTMENT**

**FILING FEE TRANSMITTAL FORM \*\*\***

**ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT**

**Company Name :** AXA Equitable Life Insurance Company

**NAIC#:** 968-62944

**Company Contact Person:** Frank E. Fernandez

**Telephone No.:** (212) 314-5698

**INSURANCE DEPARTMENT USE ONLY**

**ANALYST :** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_ **ROUTE SLIP:** \_\_\_\_\_

**ALL FEES ARE PER EACH INSURED, PER ANNUAL STATEMENT LINE OF BUSINESS,  
UNLESS OTHERWISE INDICATED.**

**FEE SCHEDULE FOR ADMITTED INSURERS**

**RATE/ FORM FILINGS**

|  |               |          |           |
|--|---------------|----------|-----------|
| Life and/or Disability policy form filing      | ###           | x \$50 = | \$ ###.## |
| and review, per each policy, contract, annuity | **Retaliatory |          | \$###.##  |
| form , per each insurer, per each filing       |               |          |           |

|  |               |         |           |
|--|---------------|---------|-----------|
| Life and/or Disability- Filing and review of     | * ###         | x \$50= | \$ ###.## |
| each rate filing or loss ratio guarantee filing, | **Retaliatory |         | \$###.##  |
| per each insurer.                                |               |         |           |

|   |               |         |           |
|---|---------------|---------|-----------|
| Life and/or Disability Policy, Contract or        | * 2           | x \$50= | \$ 100.00 |
| Annuity Forms: Filing and review of               | **Retaliatory |         | \$###.##  |
| certificate, rider, endorsement or application if |               |         |           |
| each is filed separately from the basic form.     |               |         |           |

|  |               |         |           |
|--|---------------|---------|-----------|
| Policy and contract forms, all lines, filing | * ###         | x \$20= | \$ ###.## |
| corrections in previously filed policy and   | **Retaliatory |         | \$###.##  |
| contract forms.                              |               |         |           |

|  |               |         |           |
|--|---------------|---------|-----------|
| Life and/or Disability: Filing and review of | * ###         | x \$25= | \$ ###.## |
| Insured's advertisements, per advertisement, | **Retaliatory |         | \$###.##  |
| per each insurer.                            |               |         |           |

## AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend   \* ##       x \$ 400   \$ ###.##  
an Insurer's Certificate of Authority.                       =

Filing to amend Certificate of Authority.       \*\*\* ###       x \$100 =   \$ ###.##

\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER  
RULE AND REGULATION 57.

\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER  
ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.



**AXA EQUITABLE LIFE INSURANCE COMPANY**  
**Memorandum of Variable Material**  
**July 18, 2012**

180-4002(07-12) EQUI-VEST Deferred Variable Annuity Application

The following comments describe the nature and scope of the illustrative and variable material contained in the application form. They are numbered in the order as to where they appear in the form and as indicated with respect to the bracketed areas that may change.

The variability for the submitted form is shown in this memorandum.

Any changes made in connection with the variability filed below will be done on a new business basis, in a fair and non-discriminatory manner.

---

1. The marketing name for the product may be revised in the future to reflect product variations.
2. The address, web address, telephone numbers, the catalog number, any referenced forms' catalog number, and page footers of the form should be considered administrative in nature and are subject to change.
3. In Section 2, the information requested may be changed or added as a result of requirements of the U.S. Patriot Act.
4. In Section 4, the "Expected Monthly Contribution" amount may range from \$100 to \$2,000.
5. In Section 5, the Segment Type(s) available under the Structured Investment Option from AXA Equitable will be listed here. Any time a Segment Type is listed here it has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from -5% to -50%.
6. In Section 5, the Separate Account Investment Options available from AXA Equitable will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly.
7. In Section 6 the Special Dollar Cost Averaging time periods may change or additional periods may be added. The periods may range from one to twenty-four months.

8. In Section 6, the Segment Type(s) available from AXA Equitable under the Structured Investment Option for use with Special Dollar Cost Averaging will be listed here. Any time a Segment Type is available it will be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from -5% to -50%.
9. In Section 6, the Separate Account Investment Options available from AXA Equitable for use with Special Dollar Cost Averaging will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly
10. In Section 10, the customer service telephone number is subject to change.
11. We may need to add or revise questions or make changes to the Representative Report.

**AXA EQUITABLE LIFE INSURANCE COMPANY**  
**Memorandum of Variable Material**  
**July 18, 2012**

180-4001(07-12) EQUI-VEST Deferred Variable Annuity Application for TSA 403(b)

The following comments describe the nature and scope of the illustrative and variable material contained in the application form. They are numbered in the order as to where they appear in the form and as indicated with respect to the bracketed areas that may change.

The variability for the submitted form is shown in this memorandum.

Any changes made in connection with the variability filed below will be done on a new business basis, in a fair and non-discriminatory manner.

---

The following comments describe the nature and scope of the variable material contained in the form.

1. The marketing name for the product may be revised in the future to reflect product variations.
2. The address, web address, telephone numbers, the catalog number, any referenced forms' catalog number, and page footers of the form should be considered administrative in nature and are subject to change.
3. In Section 1, the type of EQUI-VEST contract type references the markets (e.g. "TSA Public School", "TSA 501(c)(3)" and "TSA UNIVERSITY") may be added or removed to reflect the markets that are offered for new business.
4. In Section 3, the information requested may be changed or added as a result of requirements of the U.S. Patriot Action
5. In Section 5, the "Expected Monthly Contribution" amount may range from \$100 to \$2,000.
6. In Section 6, the Segment Type(s) available under the Structured Investment Option from AXA Equitable will be listed here. Any time a Segment Type is listed here it has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from -5% to -30%.
7. In Section 6, the Separate Account Investment Options available from AXA Equitable will be listed here. Any Separate Account Investment Option available at any time will

be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly.

8. In Section 7, the Special Dollar Cost Averaging time periods may change or additional periods may be added. The periods may range from one to twenty-four months.
9. In Section 7, the Segment Type(s) available from AXA Equitable under the Structured Investment Option for use with Special Dollar Cost Averaging will be listed here. Any time a Segment Type is available it will be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from -5% to -50%.
10. In Section 7, the Separate Account Investment Options available from AXA Equitable for use with Special Dollar Cost Averaging will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly.
11. In Section 11, the customer service telephone number is subject to change.
12. We may need to add or revise questions or make changes to the Representative Report.